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# Oral Hygiene

JULY 1960

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DENTISTRY LIBRARY

JUN 28 '60



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Ranchers riding across the North Dakota plains.  
The North Dakota State Dental Association will  
meet in Williston, September 11-13.

*In this issue:*

**THE GROWTH PERFORMANCE  
YARDSTICK FOR STOCKS**



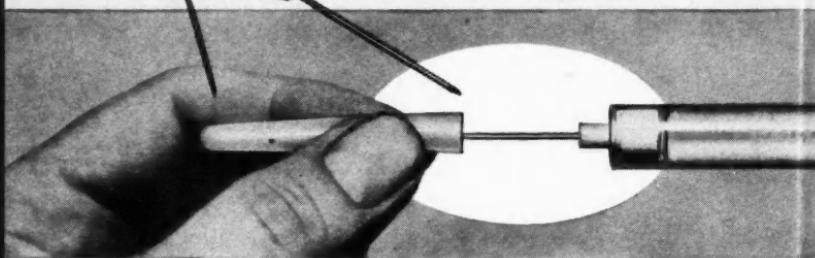
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# The Publisher's CORNER

By Mass

No. 468



## A New Capital Is Born

MANY OF OUR READERS may not be familiar with the Latin American edition of **ORAL HYGIENE** which we have been sending since May 1930 to dentists and the dental trade "south of the border". Within a span of approximately 30 years, coverage has virtually doubled, the current circulation now averaging 20,000 copies monthly.

The text section in the Spanish edition is mostly technical and scientific. **Technique of the Month**, which appears regularly in **ORAL HYGIENE**, is also carried in the Spanish edition and is read as avidly by readers in those countries as it is here in the United States. There are also articles from the editorial pages of our other magazine, **DENTAL DIGEST**. Occasionally an article appears in **ORAL HYGIENE** which is also of interest to Latin American dentists. It is then reprinted in the Spanish edition.

When President Eisenhower visited the Latin American nations some months ago, one of the highlights of the trip was a visit to Brasilia, the new capital of the vast country of Brasil. Shortly afterward (on April 21) the official dedication ceremonies of the new city were presided over by President Jusce-

*(Continued on page 4)*



**now!**  
**treat oral lesions**  
**with prolonged**  
**topical steroid**  
**anti-inflammatory**  
**action...**

## **Kenalog in Orabase**

Squibb Triamcinolone Acetonide in Emollient Dental Paste

new type adhesive vehicle maintains close steroid contact with oral lesions in effective concentrations over prolonged periods.

**Orabase**—long duration of action *in situ*\* confirmed in recent "time study".<sup>1</sup>

Total No. of Patients	Total No. of Applications	Average Maintenance Period (in minutes)
81	192	70.8

Peak maintenance period of 311 minutes noted. \*All patients were under treatment for lesions of the anterior labial gingivae. No evidence of local or systemic toxicity, irritation, or side reactions.

**Kenalog**—triamcinolone acetonide, in 0.1% concentration, proved clinically superior by paired comparisons to higher concentrations of hydrocortisone, prednisolone, and fluorometholone.<sup>2</sup> Well tolerated—no topical reactions in the mouth reported from the use of Kenalog in Orabase. Small amounts of steroid released (when the preparation is used as recommended) make systemic effects very unlikely...no other adverse effects even when swallowed.

**INDICATIONS:** recurrent ulcerative stomatitis / erosive lichen planus / denture stomatitis / traumatic lesions (denture sore spots, desquamative gingivitis and stomatitis, aphthous stomatitis)

**SUPPLY:** 5 Gm. tubes. Each Gm. supplies 1 mg. triamcinolone acetonide.

**DOSAGE:** Apply a small dab (1/8 inch or less) of medication to the lesion, using enough only to coat the affected area with a thin film, preferably at bedtime to permit steroid contact with the lesion throughout the night. Also, if necessary, apply the preparation 2 or 3 times daily, preferably after meals.

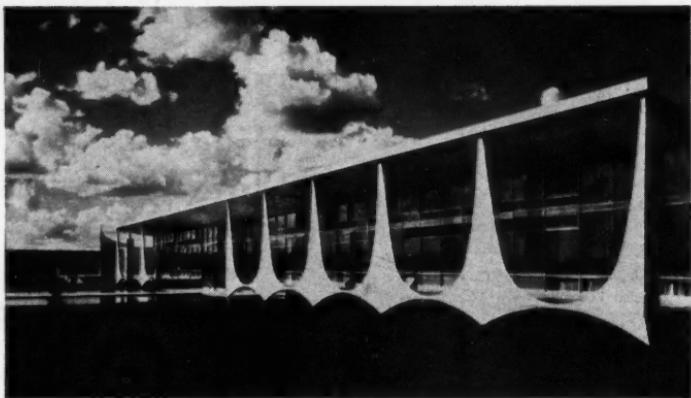
**REFERENCES:** 1. Kutscher, A. H., et al.: *Oral Surg. Oral Med. Oral Pathol.* 12:1080-1089 (September 1959). 2. Cahn, M. M. and Levy, E. J.: *Antibiot. Med. & Clin. Ther.* 6:734 (December 1959).

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*The Palace of Alvorada in Brasilia*

lino Kubitschek and other dignitaries of Brasil. An ultra modern city, Brasilia was carved out of the wilderness and built within a few years, an astounding feat of engineering.

On April 23, Dr. Alceu Ferreira Girao, a reader of the Latin American edition of *ORAL HYGIENE*, wrote us: "I take this opportunity to send you two photographs of the new capital of Brasil, of which I have the honor of being one of the pioneers. There are at present almost 30 dentists in our new capital, and the Brasilia Dental Association has been in existence for the past two years." It is apparent, therefore, that the inhabitants of this new city are assured of adequate dental care and that the number of available dentists will increase in proportion to the anticipated population growth.

In one of the photographs sent by Doctor Ferreira was the "Plaza of the Three Powers", the now-completed Brasilia headquarters for (1) the House of Representatives; (2) the Senate; (3) the Place of Planito; and (4) the administrative building of the House and Senate. Visible in the distance was the Palace of Dawn. Unfortunately this photograph was marked badly and could not be reproduced.

However, the Palace of Alvorada is pictured above. It takes  
(Continued on page 40)

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*does all these jobs well...*

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VOL. 50, NO. 7

# Oral Hygiene

JULY 1960

AN INDEPENDENT NATIONAL MAGAZINE FOR DENTISTS

**BPA**

REGISTERED IN U.S. PATENT OFFICE



*Total circulation this issue more than 91,000 copies*

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## Picture of the Month



REINHOLD MUNZER, INC. 1100 LINCOLN AVENUE

LUCHO GATICA, Chilean singing star (left), of "La Hora Estelar," the first hour-long Spanish language television "special" produced for the Ford Motor Company by the Churubusco Studios of Mexico, joins in a laugh with Jim Zea (center), producer, and Fernando Cortes, director of the production. Lucho Gatica, headliner for the cast of 100, and one of the most popular entertainers in Latin America, is a dentist. He made his first, and highly successful, television appearance in the United States as guest artist for Dinah Shore's musical variety show staged for Chevrolet in honor of Pan American Week by artists from South American countries. The \$10 award for this photograph will be sent in the name of Lucho Gatica to CARE Aid Program for Chile, 660 First Avenue, New York 16.—Photograph reproduced with permission from the January 25, 1960, issue of Advertising Age, Chicago.



# NOW! A DENTIST'S BOOKKEEPING MACHINE . . .

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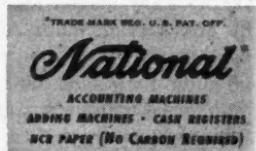
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# Are We Doing Our Best ?

By WINGATE C. BRONSON, DMD

***Substandard service cannot be tolerated if we wish to be respected for our professional status.***

WE ARE members of a profession. In us reposes the confidence and the trust of the community we serve. From the community, in turn, we expect a status akin to that of the lawyer or the physician, and a security in keeping with our years of study, experience, and service.

It is evident that we do not enjoy this status. Dentistry today is not earning the position to which it is entitled. Far too many of us are failing to serve with honesty, integrity, and skill. Notwithstanding its pious public face, dentistry today is not a profession

whose members are primarily devoted to the well-being of their patients. In far too large a proportion honesty, integrity, and skill, are abrogated by the desire of "making a living." This disproportionate dishonesty has reduced us, in the public eye, to the level of the tradesman with an array of unwanted merchandise to sell.

We have all been trained to basic and good standards. It would seem academic that these standards, at least, would remain with us throughout our professional years as a minimum below which we could not perform with honesty and conscience. This, indeed, is what the community expects of us.

To practice our profession at standards below those in which we were trained—and all too many of us do—is to perpetrate a fraud upon our patients, and to discredit the profession as a whole. To charge off these disservices in the name of expedience and competition is to foist upon ourselves a poor attempt at rationalization. It is a question of individual honesty, and nothing more.

No one of us who has qualified to practice in our profession can be so unskilled that he must render some of the obviously poor service that is all too much in evidence today. It is not poor vision that is responsible for the staggering amounts of obvious treatment left undone, neither is

it our own lack of knowledge that accounts for information so obviously withheld from our patients. "What they don't know, won't hurt them," is a dishonorable and too-much-used criterion in our profession today.

To make the claim that people will not pay for good professional service is to beg the question. We are in a position of public trust. If there were nothing but honest service available, the public would have no choice, and our profession and the public would benefit immeasurably.

Like any group, however, we are judged not by our best representatives, but by our poorest. Uninformed as we have kept them, the public, through prevalence, has accepted the substandard as standard, the unscientific as scientific, and the dishonest as honest. By our silence we have led them to accept our failures. That there will always be some failures

is natural, but these should be failures that occur despite our best efforts, not through our own disservices and omissions.

In the merchandising world errors can be reversed by restitution. In the professional field they cannot. Thus, in a field where failure is so absolute, integrity demands that we prevent it, insofar as is humanly possible, by performing our services to the best of our ability.

We live in an age when the easy way out and the "fast buck" seem to be the criteria, and where anything goes—so long as you don't get caught. We should dignify ourselves and honor our profession by ridding ourselves of these practices. As persons we should honor the patients' trust. Only then can we become a true profession, as we desire to be.

93-07 69th Avenue  
Forest Hills 75, New York

#### THE COVER

THIS MONTH'S COVER photograph of ranchers riding across the North Dakota plains brings back the days when Theodore Roosevelt made annual hunting trips to Western North Dakota and a French marquis founded the town of Medora and sought to make a fortune to win the crown of France. The North Dakota State Dental Association invites you to attend their meeting in nearby Williston, September 11 to 13. Now the center of the oil drilling industry of North Dakota, Williston will offer its traditional hospitality to visiting dentists. For information and reservations, please write to Doctor D. R. Perry, Box 866, Bismarck, North Dakota.

$$sg \times eg \times dg \times g$$

$$+ig +opc$$

$$-per \times s \times f$$

$$= gpr$$



## The Growth Performance Yardstick for Stocks

By DAVID L. MARKSTEIN

***Here is a formula with examples for finding a long-term growth stock.***

It is debatable how many of today's new investors really know what a growth stock is. The definition so often given is that it is a stock going up. But stocks go up—at least temporarily—for any of a number of reasons and only one of these is long-term growth. This article is not meant to decry buying stocks that go up for other reasons. Rather, its purpose is to offer a tool that has worked out in practice over many years for the specialized task of finding stocks of true growth companies whose sales, earnings, and dividends, are increasing steadily and

give promise of continuing to do so—and as a consequence, whose price as well has gone up, and is likely to go on doing so.

We call this tool the "Growth Performance Yardstick." Before explaining it, let me say emphatically that we have no delusion that it is a magic formula which, incanted properly, will bring automatic investment profits. It is a highly effective aid to trained securities judgment, and has proved to be so over several years' practice. Stated as a formula, the "Growth Performance Yardstick" reads:  $SG \times EG \times DG \times PG$  plus  $IG$  plus  $OPC$  minus  $PER \times S \times F$  equals Growth Performance Rating. The factors in this formula are familiar to most investors and analysts. The Yardstick attempts to weigh each factor for its relative importance in analyzing a stock's

growth history and future potential.

"SG" stands for Sales Growth, measured over a 10-year period. If sales of the company being analyzed were \$100,000,000 ten years ago and are now \$280,000,000—the Sales Growth is 2.8 because that is the multiple of present volume over volume of a decade ago.

"EG" stands for growth of *per-share* earnings, also over a decade. Over-all profit is not considered since in some companies dollar profit has risen on an over-all basis, but due to constant issuance of new stock the individual investor has not benefited.

"DG" is Dividend Growth, figured in the same manner. If the yearly dividend was \$1 per share 10 years ago and is now \$3.25 per share, the Dividend Growth is \$3.25. (In practice, computations are carried to one decimal figure only, and so this would be stated as 3.2.)

"PG" stands for Price Growth.

These first four factors are of relatively great importance; and so they are used as *multipliers* of each other. The next two are of lesser importance, and to weight the formula they are used as *additions*.

To the figure arrived at by multiplying the first four factors, we then add "IG," Industry growth. Since IG is a figure not given to absolute measurement, a number

of 1 to 4 is used arbitrarily. Here is where trained judgment begins to enter. A company in an industry evidencing no growth pattern would have an additive of 1 given here. (It is, of course, possible for strong growth companies to exist in static industries; this is why Industry Growth is not given as much relative importance as matters having to do with the individual stock's performance.)

"OPC" stands for Out-Performing Competition. To what degree does the company in question do better than its industry as a whole? Here, once more, an arbitrary number of 1 to 4 is added. In using the formula, we break this down by halves to seven selections: 1, 1½, 2, 2½, 3, 3½, 4.

The Price-Earnings Ratio (or "PER") is a factor with definite effect upon possible future price performance of a stock. A good growth stock not yet selling at a high earnings capitalization has the potential for moving up in price factor faster than its earnings are growing, provided the existence of its growth pattern is perceived eventually by the market—and this does usually happen. Conversely, a too-high Price-Earnings Ratio is a drag on price action, since it means that present price reflects future growth too far ahead. This over-capitalization of earnings has happened in many of the blue-chip growth issues favored by institutions, issues

which currently sell at multipliers ranging from 38 to 75.

The "Yardstick" recognizes these characteristics of the Price-Earnings Ratio by using it to subtract from the total arrived at by multiplication of SG, EG, DG and PG, and addition of IG and OPC.

This brings us to two final factors of great importance, and these are used in consequence as multipliers to give them weight. The first of these is "S" which stands for Stability. Obviously, it is simpler and safer to project a future pattern for a company that possesses the ability to maintain its earnings gains and that does not fluctuate wildly from high profits to deficit to higher profits. Here for the third time trained judgment enters, and we assign a number ranging in half-points from 1 to 4.

"F" is the last factor, and it stands for Future prospects. For the fourth time, the analyst's judgment assigns a figure between 1 and 4. In practice, a stock rated lower than 2 at this point would not be a worthy study for long-term growth potential.

#### Examples

To illustrate how the "Yardstick" works, and in particular its value in culling out stocks that are *not* growth issues, I would like to break down two companies in the same industry: first American Telephone and Telegraph,

and then General Telephone.

American Telephone is the solid, safe payer of dividends, and for this purpose it is a superb investment. We are concerned here, however, only with selection of *Growth* investments.

The "SG" factor for AT&T over 10 years is a respectable 2.3. Multiplying this by the Earnings Growth (of 1.2) we arrive at 2.8. The dividend, of course, has only been increased once in this time, and so the "DG" factor is 1.1. Multiplying once more, we have 3.1. The price has appreciated (from the high of a decade ago to the market on the day analysis was made) 1.5 times, and multiplying this by 3.1 we have 4.6.

For Industry Growth, I have assigned a factor of 2 which, added to the figure obtained by previous multiplication, gives us 6.6.

Does AT&T outperform its industry? In some ways—but not as a growth vehicle, which is what concerns us here. Certainly not with an earnings growth of only 1.2 over ten years and dividend growth of only 10 per cent. So we assign 1 as the "OPC" factor, add that, and arrive at a new total of 7.6.

The Price-Earnings Ratio of AT&T on the day this analysis was made was 15.5. Subtracting 15.5 from 7.6 we now have zero.

On the score of stability, American Telephone rates a solid 4, the highest possible number. But

when we multiply 4 by zero, we still have zero.

And so it goes when the "F" factor (for future prospects), an arbitrary 1.5 is multiplied. The result is zero, and American Telephone's *Growth Performance Rating* is zero. (This does not reflect on its merits as a safe income investment; we are concerned here only with growth.)

Turning to General Telephone, we see that Sales Growth over a decade has been 5 times. Multiplying this by the respectable "EG" factor of 2.9 gives 14.5.

The dividend has been steadily increased, for a DG factor of 2.6. Another multiplication gives 37.7, and multiplying this figure by the Price Growth of 6.1 results in a figure of 230.

For Industry Growth, we assign the same factor assigned AT&T, 2, which when added brings the current total to 232.

General Telephone *does* outperform its industry. So a factor of 3 is assigned here, to bring out a new total of 235.

General Telephone's PER of 24 on the day analysis was made is

higher than AT&T's 14.5, but not excessive for a growth stock. Subtracting 24 from 235 leaves 211.

A lesser stability rating than that given American Telephone has been assigned General Telephone. Multiplying by this factor of 3 brings out a total of 633.

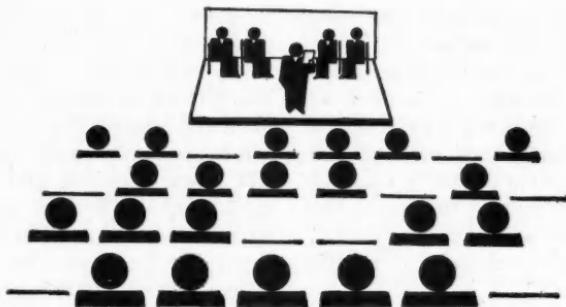
And a final multiplication by the 2.5 at which General Telephone's Future prospects are conservatively rated results in a final *Growth Performance Rating* of 1582.

To recap: this "Yardstick" is not a magic formula but a useful tool to aid securities judgment in analysis of true long-term growth stocks. But stocks well bought are only the first step in investing for growth; and stocks selected by this system of analysis should be continually supervised if good results are to be obtained. Moreover, the analysis is not permanent, any more than is any other type of securities analysis, and should be re-done at regular and not too infrequent intervals.

2232 Wirth Place  
New Orleans 15, Louisiana

#### REGARDING FEES

THE fee problem is perhaps the major source of misunderstanding, confusion, and bitterness in the physician-patient relation. Failure to resolve the problem would make a program of socialized medicine seem just that much more desirable to the general public.—*The New England Journal of Medicine*.



## Are Your Meetings Well Attended?

By DAVID TABAK, DDS

THIS is the time of year when organizational meetings are in full swing. Walk by a meeting hall on any evening and you will hear the impatient bang of the chairman's gavel accompanied by a plea for "order," followed by a suave voice intoning: "—and now, ladies and gentlemen, it is my privilege to introduce to you a man who—."

Stepping inside, you will be startled by the sad expressions of the arrangements committee members—sheer frustration etched on their long faces; poor attendance has been, and is, the bane of their lives.

*Participation in society activities should be eagerly sought by men who are sincerely dedicated to helping their fellow man.*

Take our society. Out of a membership list of over three hundred, only about twenty-five put in an appearance. And who are these stout-hearted twenty-five? It may be worth while to take a closer look: Four of them are the officers of the organization. Seven are specialists in various branches of the profession. Five are bored bache-

lors with nowhere else to go. Three—if you must know—are running away from an unhappy home life. Two come hoping to run into one or another factional scrap later in the evening. Two more will confide to you at the end of the meeting, they are sorry they came. That leaves us with two who could legitimately be classified as "Regular Members."

Now, these Regular Members come to meetings because: (a) they rightly think and look upon the society as the reservoir into which skills and knowledge flow and into which they can dip, at will, for professional guidance and advancement; (b) they want to meet friends, make friends, share experiences; (c) for the warm feeling of belonging. The remaining 275 plus stay away; but do manage to release periodic blasts of criticism and an assortment of grievances via gossip, mail, telephone, and by the itinerant dental salesman.

And, yet, paradoxical as this may seem, were the society to dissolve and disappear overnight, these shadowy 275 would be right sorry and would, of course, blame it all on "mismanagement" by the luckless 25. "We need the organization," the post-mortem lament would run—"they should have managed it differently."

Of course, there are certain meetings that do draw a large turnout, as when the guest speaker

happens to be of great prominence, or is the storm center of some current controversy, or when the man promises something of immediate and tangible benefit.

A stepped-up intensity of appeal will prove unavailing. We have tried that. We begged and we scolded, and the same 25 veterans showed up. In fact, the men were angered by our importunities. It seems people hate to have their consciences pricked.

Now, poor attendance is a malady that affects every organization. When you buttonhole a stayer-home and press him for an explanation, he may shock you with: "What is there in it for me? Why waste an evening?" Such an "explanation"—and I have had many such—lays bare a festering sore. It is more than mere orneriness or a capricious lack of cooperation.

In the world of business, big and small, one keeps running into this petty, selfish, visionless calculation and, because of its frequency one tends to dismiss it as a cruel but inevitable element of existence.

In a health profession, however, this indifference to the general welfare assumes a sinister aspect and constitutes a betrayal of trust. When, before attending a meeting, a professional raises the cynical pre-condition: "But what will there be for me?" this man reads himself out of the congregation. He belongs elsewhere.

A basic tenet in a profession

calls for a complete reversal of the foregoing question, to read: "What can I contribute to the general good?" A member of a health profession is a dedicated man, sworn to give, not to take; to serve, not to be served; to keep alive a hunger for knowledge and self-improvement the better to help his fellow man.

An overriding sense of social awareness and civic responsibility should be in the forefront of a professional education; if that were so, participation in society activi-

ties would be eagerly sought as a soul-satisfying experience. On the other hand, when the 275 I have mentioned prefer to carry on each in his own groove and with utter disregard of the collective effort of their profession-oriented colleagues, they compel the painful conclusion that their dental school has somehow slipped up on a tremendously vital element in its curriculum.

335 South 2nd Street  
Brooklyn, New York

#### **NEW BOOK TELLS STORY OF "THE DENTIST IN ART"**

FROM the illustration on the book jacket named "Banderillas" which reproduces a scene from a bullfight to the final sculpture showing an abstract artist's interpretation of a toothache, **THE DENTIST IN ART**, published this year in England and Denmark, makes a significant contribution to esthetics and to our understanding of dental progress.

In a variety of artistic styles, mediums and techniques, the 60 illustrations range from primitive paintings on vases to sophisticated modern sculpture, from contributions by Rembrandt and daVinci to satires by cartoonists of today. One of the most appealing sculptures is a 5-inch glossy white porcelain figure of a child suffering from a toothache, one of a series representing pain by Svend Lindhart.

The editors of this first book on "dental iconography" published in more than thirty years are highly regarded in the fields of art and dental history and are distinguished dental practitioners. Doctor J. J. Pindborg, is Professor at the Royal Dental College of Copenhagen, and Doctor Leif Marwitz is a practicing dentist in the same city. In their efforts to reproduce works of art showing dentists and their patients from the early centuries to the modern period, the authors have done painstaking research. Each illustration is accompanied by an explanatory text that provides witty, yet authoritative comment on the work of art, the artist, and the significance of his contribution in the light of dental history.

The English edition of **THE DENTIST IN ART** is distributed by Quadrangle Books, 119 West Lake Street, Chicago 1.



## Nonprofit Home featuring

By CHARLES H. WATERBURY

**LUEARLAM MANOR**, Brownsville, Texas, is not in any sense a nursing home or hospital, neither is it a charitable institution. It is aimed to serve as a residence for professional men and women who have attained retirement age and would like to continue to utilize their inner resources, ideas, and ideals, in surroundings that provide comfortable living, free from irksome tasks or duties, at moderate financial cost.

All residents are carefully screened to be sure that at the time of admission they are in sound physical and mental health, socially congenial, creative, and productive in purposeful living.

Luearlam Manor is a nonprofit home, with less than sixty residents. All revenues are turned back into upkeep, maintenance, and operating expenses necessary to the high standards set.

Although managed by the Sis-

ters of Mercy, a Catholic order, Luearlam Manor is nondenominational and admits persons who otherwise qualify without regard to religious affiliation. Residents are free to attend services in any church of their choice.

For the mutual benefit of the Manor and the person, each applicant is accepted on a probationary basis for a period of not more than three months. During this period either the management may effect removal of the applicant or the person may withdraw. The careful manner in which applicants are checked in advance rarely results in termination by either party during the probationary period. The management reserves the right to remove any permanent resident if it is considered to be in the best interests of both parties to do so.

Luearlam Manor derives its name from a combination of given

# Retired Professional People

**Would retirement in a semi-tropical climate appeal to you? This home on the border of Old Mexico near the Gulf offers a unique program.**

names of Mr. and Mrs. Earl Corder Sams (Lulu and Earl). It was the conception of Mr. Sams, former president and chairman of the board of the J. C. Penney Company to provide a semitropical haven for the type of persons heretofore described, who may not have achieved a substantially rewarding program for their retirement. In his will Mr. Sams provided funds to the E. C. Sams Foundation which in turn set aside \$800,000 to build and equip the home on the grounds of Mercy Hospital in Brownsville. Upon completion of the structure, management was entrusted to the Sisters of Mercy who also administer Mercy Hospital on a nonprofit, nondenomination basis.

## **Choice of Accommodation**

The Manor is a one-floor structure consisting of two residential wings converging on a center unit which houses the administration offices.

Each residential wing has three types of accommodation:

1. Two bedrooms connected by a hallway and bath.
2. Single bedroom with exclusive bath.
3. Two adjoining rooms with no hallway. One room is furnished as a bedroom and the other as a living room. This combination is suitable for occupancy by married couples, for whom the monthly rate is \$135 each.

All bedrooms have an outside view and entrance from the main corridor. Safety precautions include handrails in the corridor, grip bars in bathrooms, and the elimination of thresholds and steps. Physically disabled persons are not admitted, but permanent residents may eventually become disabled, making these precautions desirable. All rooms are air-conditioned.

In addition to the private living accommodations, each residential wing has a lounging area for games or television. Adjoining this room is a special kitchen for snacks.

Spacious patios and a shuffle board court give each resident an opportunity for outdoor exposure and play.

Each room is tastefully decorated and comfortably furnished, but residents may bring small cherished possessions.

In the center building is a large living room with a stage which may be concealed by roll-away doors. The room is suitable for relaxation, reading, visiting, and entertainment. Music may be enjoyed by turning on a Steinway electric piano player. The living room may be enlarged by opening roll-away doors separating the library, which has its own entrance apart from the living room.

There are also two small parlors in the center section for the use of residents and their guests.

A family-sized dining room is provided in the center building for residents and guests, with arrangements for small parties. Special diets and trays are provided when necessary.

While Luearlam Manor is neither a hospital nor a nursing home, there is a nursing station in the center building to take care of emergencies which may arise. Nursing care is provided in the event of minor or brief illness requiring confinement to living quarters.

Each resident is to provide his own personal physician and in case of severe or prolonged illness may be transferred to Mercy Hospital on the orders of a physician. Hospital charges are not included in the basic rates for accommoda-

tions and services available to residents of Luearlam Manor.

The basic rates vary. The minimum is \$135 per month per person where two persons have arranged to share the same unit, to \$185 per month per person for single occupancy of the bedroom and living room combination. The rate for bedroom with exclusive bath is \$150 per month per person. These rates cover housekeeping, all meals, special diets, nursing care in minor or short illness, use of library, living room, and recreation facilities.

Extra charges are made for personal laundry and dry cleaning; for any and all hospital services if and when ordered by a physician; for installation and use of telephone, radio, or television, in private rooms.

Changing economic conditions may require adjustments resulting in increases in basic rates. No increase will be made to permanent residents already established in the home, whose resources are too limited to meet an increase; and no resident shall be discharged because of inability to meet an increase.

It is not the policy of the management of either the home or the hospital to accept properties in lieu of cash for care. However, in the event of death of a resident who leaves an estate and the cash available is not sufficient to cover the regular charges in the home or

the hospital, the management shall have a claim on such properties for the amount owing.

Residents of Luearlam Manor do not have any other financial obligations to the management than those mentioned. There is no lifetime rental charge or agreement to turn over property or estate. The basic monthly charges plus the listed extras constitute the limits of financial burden.

Hobbies, special interests, and activity programs, are encouraged. It is the hope of the management, reflecting the ideas of Mr. Sams, that residents will become an influential factor in the community life of Brownsville. Residents are free to move about at will.

To apply for admission, interested persons should first write a letter of inquiry to Luearlam Manor.

This will bring descriptive literature with a detailed letter and an information sheet which the inquirer is asked to fill out if interested. From this record, the references and public service activities are carefully checked. If both parties continue to be interested, the management sends out a formal application blank, and if everything is in order the applicant will be invited to the home and welcomed upon arrival. The 90-day trial period thus begins. The management generally hopes that the extended correspondence and thorough checking will prove satisfactory to both sides and that the trial period ends in permanent admission.

*5 Maxwell Road  
Chapel Hill, North Carolina*

#### **CREDIT CARD PLAN FOR MEDICAL BILLS**

PATIENTS in Battle Creek, Michigan, may soon be showing credit cards when the physician calls.

Headed by three young insurance executives and an attorney, the American Health Credit Plan, Incorporated, will provide up to \$500 credit for single subscribers, \$1000 credit for married couples, and \$1500 credit for families with children, according to W. Earle Robinson, president.

The service provides for immediate payment to physicians, dentists, and other health practitioners, and does not preset the size of professional fees, Mr. Robinson said. The program also covers the costs of hospital services, drugs, dental devices, and orthopedic appliances.

*—Medical Tribune, New York.*



## Consultation Clinic:

By ARTHUR ELFENBAUM,  
BA, DDS\*

*Through study of the developing teeth of infants and children, we should be able to determine a possible correlation between anomalous formations in the teeth and systemic diseases.*

ONE SOMETIMES wonders whether roentgenograms taken in the earliest stages of tooth development might reveal the secret of why anomalous formations occur in teeth and what causes disturbances in dental eruption. We know that such phenomena are closely related to physical growth and development and that there is a correlation with endocrine glands, nutrition, miscellaneous diseases, and heredity.

Under present circumstances, aberrations in the growth and development of the teeth and jaws create problems only in mechanical and cosmetic dentistry. The objectionable color of the teeth must

\*Doctor Elfenbaum is Professor Emeritus of the University of Illinois and Northwestern University, Consultant in Diagnosis and Treatment Planning at the Dental Training Center of the West Side Veterans Administration Hospital, Chicago, and Courtesy Member of the Medical Staff at Michael Reese Hospital.

## Secrets Revealed by Developing Teeth

be hidden, the malocclusion calls for orthodontic treatment, and artificial teeth must be supplied for the edentulous. If, however, roentgenograms of some of the known dental abnormalities were available to the dentist in their earliest stages, he would not be in a position to correct them, and if he suggested a possible systemic cause, medical science may not have the answer so far as treatment is concerned. The possibility remains that if a dentist could study several serial roentgenograms of the abnormal dentition of a child before eruption, he might be able to determine their developmental status, predict their eruption potential, and recognize the correlation with a systemic imbalance.

When an endocrine or nutritional disturbance affects the child, the clinical stigmata are not always visible immediately or during the early years. Disturbances of the pituitary, adrenal, thyroid, parathyroid, and gonadal glands, affect the growth and development of a child in various ways. If the onset occurs before the teeth are fully developed, the dentition will also

be affected. Rickets and syphilis have similar effects. Heredity further complicates matters, and there are many cases of anomalous teeth which cannot be associated with any known systemic disease.

Occasionally the disease which caused the defects in the teeth during the developmental period is treated successfully or the child "grows out of it," but the abnormality in the crown or root of the teeth remains forever and may provide a clue to the diagnosis of a disease, which no longer exists and about which the patient or the family cannot supply any information. No clinical signs may be evident in a medical examination, but from the information supplied by the dentist, the physician may be aided in diagnosis and treatment. Endocrinologists have made astonishing progress in the treatment of patients with glandular defects.

It is not too practical to take intra-oral roentgenograms of a child in the latter half of the first year, but let us assume that serial headplates can be taken with split second exposures and image intensification. Should a dentist detect that the incisal edges of the permanent anterior teeth and the cusps of the first molars are unusually late in their development, he may conclude that their eruption will also be delayed. The basic disease may be a hypopituitarism with a concomitant dwarfism. Dwarfism is rarely detected by the

family before the age of 6. Being called a "cute li'l fellow" may be fun at first, but it becomes a tragedy when the hypopituitarism is discovered. Much research is being done with the use of growth hormones for pituitary dwarfism.

Delayed development of teeth may also uncover hypothyroidism, which is often manifested as cretinism. Precocious development of teeth with accelerated eruption may also be seen in an x-ray. It may be associated with hyperpituitarism (gigantism), with hyperthyroidism (characterized by exophthalmos), and with Albright's disease (in which the bones develop a fibrous dysplasia).

It may be possible to identify hypoplasia in the developing enamel of the permanent teeth when the headplates of a baby are surveyed. This smooth or pitted hypocalcification registers in a roentgenogram and may indicate the presence of rickets, hypoparathyroidism or vitamin D deficiency. When the hypoplasia occurs in the enamel of all the teeth that are developing at the same time it is evident that a systemic disease is responsible. From the level at which the defects appear, it is possible to estimate when they occurred (chronologic hypoplasia).

The initiation of the so-called Hutchinson tooth should be apparent in a roentgenogram soon after the permanent central incisors begin to form at about 6 months of age. The incisal edges would be narrow, perhaps notched, and the proximal surfaces would show a tendency to convexity. The Hutchinson tooth does not definitely prove the presence of congenital syphilis, but it should be given consideration, instead of waiting until crippling defects appear later in life.

Should there be no evidence of any primary or permanent teeth in the roentgenogram, there is no way of correcting the total anodontia except by constructing dentures, but the physician should be the one to alert the parents to the discomforts which accompany the underlying ectodermal dysplasia. The child also has few or no sweat glands and becomes extremely uncomfortable in warm weather.

These are just a few of the anomalies that a dentist may be called upon to diagnose in the headplates of an infant—if and when routine roentgenography can be practiced at such an early age.

431 Oakdale Avenue  
Chicago 14, Illinois

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# So You Know Something About DENTISTRY!



By ROLLAND C. BILLETER, DDS

## Quiz 190

1. To avoid breakage of needles no needle should be used more than (a) 15, (b) 10, (c) 6, times. ....
2. True or false? In caries susceptible mouths, lactobacilli may be isolated from plaques with a high degree of uniformity for some weeks or months before a cavity appears. ....
3. Healing takes place (a) more rapidly, (b) slower, after an operation under hypnosis. ....
4. Can severe growth deficiencies be recovered by orthodontic treatment? ....
5. In the simple acrylic partial, the acrylic (a) should, (b) should not, be in contact with the gingival margin. ....
6. What is the linea alba? ....
7. True or false? When the dietary intake of a previously healthy individual is markedly reduced for as little as 10 to 12 days, vitamin deficiencies can occur. ....
8. Why should every dental office have oxygen available? .....
9. The dimensional stability of synthetic rubber is far (a) superior, (b) inferior, to that of hydrocolloids. ....
10. Will too much mercury weaken the final amalgam restoration? ....

FOR CORRECT ANSWERS SEE PAGE 62



## Practice Administration Thought-Provokers

By **CHARLES L. LAPP, PhD, and JOHN W. BOWYER, DBA\***

### **Nonregistered Canadian Securities**

In our speaking tours around the country we hear of more and more instances in which dentists have been bilked by unscrupulous promoters of Canadian securities. This is not meant to suggest that the securities of all Canadian companies are sold by unscrupulous promoters. In fact, many of the securities of Canadian companies are excellent investments. However, the United States Securities and Exchange Commission does not have jurisdiction over Canadian firms, and therefore the investor does not have the assurance that the companies are not misrepresented unless they have *registered* securities for sale in this country.

The investor may protect himself by examining the list of Canadian companies whose securities have been or currently are being distributed in the United States in violation of the Federal Securities Act registration requirement. The SEC claims that these companies on this

\*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis, Missouri.

list are denying to United States investors the information which the agency considers essential for the analysis and evaluation of these securities. Anyone has access to this list and can get a copy of it simply by writing to the Securities and Exchange Commission, Washington 25, DC. If the investor confines his investments to Canadian securities listed on the American and New York Stock Exchanges, he is assured that they have met the registration requirements.

#### **Life Insurance Review Questions**

A life insurance program review is usually a determination of whether or not additional coverage is needed. There are other important review questions, which are not related to the amount of life insurance coverage, but which you should consider. These questions are:

1. Are the beneficiaries' names on your policies correct?
2. Have you included all your children as beneficiaries in your policy?
3. Are unborn children included in your program?
4. In the event of a common disaster (the simultaneous death of you and your wife) would your life insurance go to your family or to your wife's family?
5. Is your life insurance so arranged that there will be sufficient cash available to meet immediate expenses?
6. Every widow asks how much income she will have. How long will it last? Do you know the answers to these questions?
7. Do the life insurance contracts fit your needs?

#### **Staff Personnel and Salary Levels**

Many dentists complain that they cannot get efficient office personnel. The questions are always, "How can we upgrade our personnel?" "We use all sorts of training devices and gimmicks to improve the performance of our employees without results." The real answer is to pay more and get better raw material to work with. The question then is, "Can you afford it?" Let us consider this question.

The dentist should recognize that take home pay is the important measurement of compensation for employees. Although status symbols, working conditions, and recognition are an important part of employee compensation, they are all second to income. How much does it actually cost you to increase your employee's salary? Here's what happens when you have an employee paying a 20 per cent income tax on \$4000 a year, or \$800 a year income tax. You decide to upgrade your staff by offering a higher salary. When you increase the salary

by \$500, the employee's taxes go up \$100 leaving a net increase in buying power of \$400. She is now paying \$900 in income tax. How much does this additional \$500 (net \$400) in office salaries cost you? We will assume that you are in the 40 per cent income tax bracket. If you deduct the additional \$500 salary as an expense, you pay no tax on it. When you kept the money as income, you made only the \$300 left after taxes. The \$500 employee increase cost you \$300 in after-tax income. Result, the employee gets \$400 of buying power at a cost to you of \$300.

The government gets \$100 in tax money from the employee instead of \$200 in taxes from you. In that way, the government is paying nearly 20 per cent of the pay increase. You in turn can demand and get higher quality service and can attract personnel that will be able to perform higher quality service to meet your standards, which in turn should increase your income.

#### **Age and Retirement**

The older we get, the longer we are likely to live! This fact makes it vital that we start early accumulating capital on which to live when we retire, because the longer we live, the more we need it. A man of 40 has a life expectancy of 70, while a man who reaches 65 has a life expectancy of 77. As a man survives from 65 to 70, his life expectancy increases two to four years. As he attains age 70, his life expectancy jumps another two to seven years. As a consequence, a real hazard is the possibility of outliving your income.

#### **Canadian Retirement Savings Plan<sup>1</sup>**

The Canadian Dental Association Retirement Savings Plan has been given widespread publicity in Canada. It has been described as the best plan available to Canadian dentists.

Some of the features of the Canadian plan are as follows:

1. *Flexibility*: Three separate funds are available and contributions may be made to any or all of these. This allocation between funds can be changed by the participant at any time and he can also transfer equity from one fund to another.

2. *Freedom of Action*: Deposits may be made at any time and for any amount subject to the statutory limit on the amount which can be claimed as deductible in any one year. It is not necessary to maintain a payment every year, although of course, the best results will be derived from the maintenance of regular deposits.

<sup>1</sup>The Canadian Dental Association Journal 36: 143-144 (March) 1960.

3. **Security:** The Trustee and Investment Manager of the Plan is the Royal Trust Company, the largest Canadian trust company, with a wealth of experience in investment and management of estate and pension funds.

4. **Administration:** Professional and Industrial Pensions Limited, the organization established to administer the CDA Pension-Assurance Plan, has undertaken the responsibility of dealing with applications, individual accounts, and general servicing of CDARSP. Approximately 3000 dentists already have dealings with this administration office in connection with one aspect or another of the Pension-Assurance and Hospitalization Plans.

5. **Expense:** On this count alone, the use of the Group Plan can be more than justified. The only charge made is one eighth of 1 per cent per quarter of the value of the funds. Individual Trust Company plans charge 50 per cent more than this, and Mutual, in addition to a similar administration charge has a "loading" of 7½ to 8½ per cent applied against the investment made.

#### **Social Security**

The Social Security tax effective 1 January of this year brought the total to 6 per cent on the first \$4,800 of an individual's annual earnings. That is \$288 a year. There are scheduled three more jumps between now and 1969, when it will be 9 per cent on the first \$4,800 per employee. Think about this—for a premium of \$432 a year from age 20, a man can secure from private companies a life annuity averaging \$216 a month after he reaches 65. This is in contrast to the monthly benefit of \$127 promised through Social Security.

#### **Some Basic Thoughts on Learning**

1. You learn best when you are happy.
2. You learn best when you both see and hear what you are trying to learn.
3. You learn best when you are rested.
4. You learn best by continuous daily effort. Spread the learning time out. For example, if you have a speech to learn—you will remember it better if you read it twice a night for five consecutive nights rather than reading it ten times in one night.
5. You will learn more by studying just before going to bed for eight hour's sleep.
6. You will remember better what you write. However, do not let note taking become a crutch.

### **Car Costs You Can Deduct From Your Income**

For all drivers:

1. State or local sales tax.
2. License fee at time of purchase.
3. Annual registration fee.
4. Driver's license.
5. Gasoline taxes (other than Federal).
6. Interest on finance loans.
7. Casualty losses from accident, storm, and theft.

### **How to Locate Skips**

The National Retail Credit Association, 375 Jackson Avenue, St. Louis 5, Missouri, has for sale a book entitled **How To LOCATE SKIPS AND COLLECT** for \$5 a copy. It was written by A. M. Tannrath.

*Washington University*

*St. Louis, Missouri*

### **SAVING SEVERAL MILLION TEETH**

TOOTH DECAY is the commonest disease in America, afflicting 95 per cent of the population. It is estimated that 30 per cent of all United States children even now require orthodontic treatment, and that the present crop of youngsters will have lost half their teeth by the time they are 40! This is an amazing estimate for a healthy nation. The most potent weapon against it is good dental care, including x-ray examination of the teeth.—*The American College of Radiology*.

### **THE PUBLISHER'S CORNER**

*(Continued from page 4)*

but a quick glance to note its ultra modern design which is characteristic of the architecture of Brasilia, a city which is bound to play a big part in the lives of Brasilians, and perhaps in the affairs of Latin America generally.

Any dentist in the United States who has some knowledge of the Spanish language can obtain a recent copy of the Latin American edition by writing to: The Publisher, Oral Hygiene Publications, 1005 Liberty Avenue, Pittsburgh 22, Pa.



# TECHNIQUE of the Month

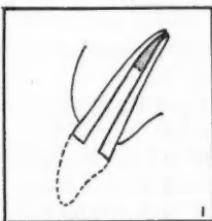
Originated by W. EARLE CRAIG, DDS

## Combination Endodontia and Cast-Post

### Technique for Restoration of Severely Fractured Anterior

By T. J. SERIGHT, DDS

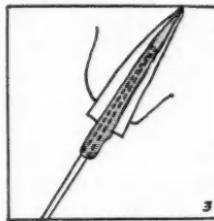
Drawings by Dorothy Sterling



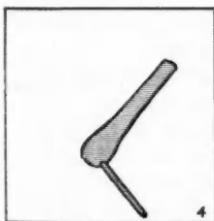
Treat tooth endodontically, sealing off the apical third by the silver-point, twist-off technique.



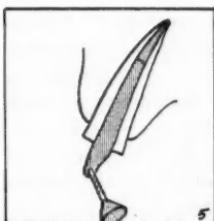
Select a round toothpick which will seat against the apical seal when inserted in root canal. Coat with soft red wax.



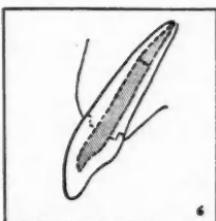
Lubricate canal. Insert coated toothpick to obtain detailed impression of full length of canal. Shape the wax extension to form a post to support jacket.



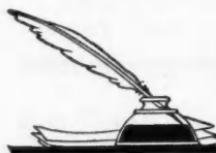
Remove impression from tooth. Sprue. Cast in medium-hard white inlay gold.



Fit casting into canal, adjusting until it seats against apical filling. Reshape post if necessary. Cement casting in place permanently.



Make shoulder preparation. Construct jacket. (If preferred, the porcelain-bonded-to-gold technique may be employed by preparing tooth and constructing porcelain jacket on the casting before cementing in place.)



## EDITORIAL COMMENT

*"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton*

### **OLD-FASHIONED LICENSURE LAWS**

THERE IS incongruity in our antiquated state licensing laws. In a jet age these laws are outdated. We can fly from one coast to another in a few hours—but the dental licensing regulations are much the same as they were in the horse and buggy days.

We have federal laws that collect taxes on our earnings wherever we live or work. There are health and welfare benefits that cover us from the cradle to the grave; trade commissions that protect business from unfair competition in interstate commerce; communications agencies that dole out the airwaves; national law enforcement agencies; federal grants for research, teaching, and publications in the dental field. These are a few examples of federal control and legislation. There is, however, no real reciprocity or federal influence on dental licensure.

A dentist may enter military service and practice in any one of the 50 states and in all foreign countries where there are military establishments—but he cannot step across a state line to practice in civilian life unless he has a license in the state that he has entered.

Although there are constitutional provisions that guarantee us "life, liberty, and the pursuit of happiness" a dentist cannot cross a state line to improve his life status, to assure him more liberty in the practice of his profession, or to enjoy a greater happiness in another part of the country—unless he submits to the licensing examinations in the state that he enters.

Before there were modern methods of transportation and communication each separate state was a principality unto itself. Within the state each county was a kind of dukedom. There were no statewide

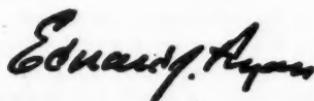
police organizations, no state commerce commissions, no state labor or agriculture agencies. Modernity has changed all this—except the dental licensing laws remain virtually the same.

Our national dental organizations have grown in number and in membership. Any dentist with a license in one state may be elected to any office in a national organization. Our dental colleges have grown from trade schools that were supported by tuition and clinic fees to integral parts of universities. Endowments, state tax funds, and federal revenues now support dental education. (The dental activities of one federal agency, The Department of Health, Education and Welfare, now cost 11 million dollars a year.)

Dental journals circulate in interstate commerce. There is a free exchange of professional information across state lines. Clinicians travel from one part of the country to the other to appear before professional groups. The state licensure laws, however, remain quite the same: a theoretical examination (that covers details that most of us, including the examiners, have forgotten after a few years in practice) and a practical examination on some techniques that may never or seldom be used in clinical practice.

The National Board of Dental Examiners has made a commendable beginning toward cutting the tethers of antiquity in licensure. This does not, however, help the dentist *in practice* who might wish to move from one state to another for "life, liberty, or the pursuit of happiness."

A day may come when every dentist in every state will be required to show periodically that he has kept apace with the progress in his profession, if he wishes to retain his license. License renewal will then be more than a formality. As a softener to this blow of greater stringency in licensure, there should be a full reciprocity among all the states.

A handwritten signature in cursive script, appearing to read "Edward A. Ayers". The signature is written in black ink on a white background, with a slight shadow or reflection visible below it.



## ASK Oral Hygiene



Please send all correspondence for this department to:  
The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

### Dry Mouth

Q.—I have a woman patient, 55, whom I have been treating the past three years. Her history for the last five years has shown a great decrease in saliva. Over the past year I have restored some teeth, and this was the first I noticed her lack of saliva. Her mouth is completely dry and nothing she can do will produce any moisture at all. She must have a glass of water to masticate her food. The dryness awakens her many times during the night.

In 1921 she had a goiter removed. In 1948 she had a hysterectomy. In the past year she has consulted three different physicians and they gave her a clean slate—no diabetes; blood, kidneys, and blood pressure normal. All three have told her it is her nerves.

She wears a lower partial denture with a cast gold clasp, rest and lingual bar, acrylic saddles, replacing the first molars and all four centrals. Caries is becoming rampant, and I think it is the result of this dryness.

Can you give some suggestion on this case or inform me of someone I can send this patient to in this part of the country? J.W.D., Oklahoma

A.—Inasmuch as your patient has been thoroughly examined by three physicians, I would be inclined to agree with their diagnosis that this condition is caused by "nerves."

Making an educated guess, I

believe that these physicians possibly have in mind a psychosomaticism which Freud frequently mentions in connection with a dryness affecting all secretions. This dryness in your patient's mouth could possibly have been enhanced by her hysterectomy. From your description, it does not seem that this condition stems from any dental causes.

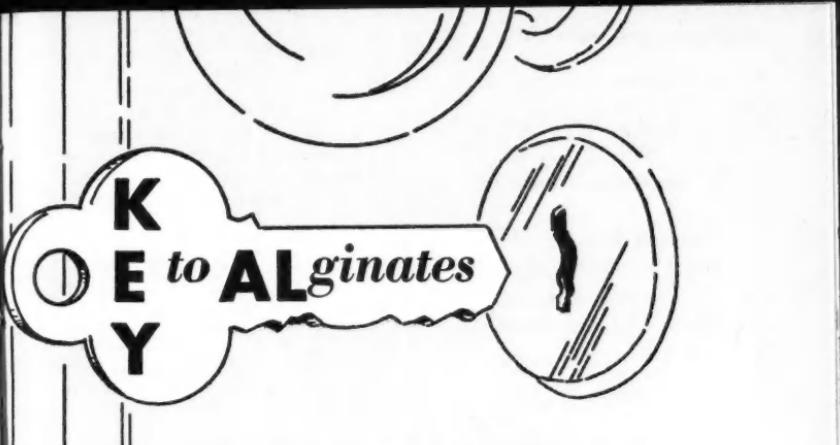
I would advise that you refer this patient to a reputable internist who perhaps can prescribe a suitable sialogogue, which might help the patient by stimulating salivary flow.

Judging by your location, I assume that Tulsa or Oklahoma City are the nearest cities which would have an internist who might be familiar with this type of problem. It is possible that a physician would want to check this patient under hospital conditions to rule out the possibility of diabetes insipidus.

I am sorry that I cannot be of more help to you.

### Fractured Porcelain

Q.—Lately I have had a few full,  
(Continued on page 46)



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lower, and partial dentures in which an anterior tooth—a lateral, a central, and sometimes a cuspid—fractured just where the neck of the tooth is imbedded in the acrylic. Could you advise me what is the cause of these fractures?—H.B.S., Massachusetts

A.—In answer to your question regarding the fracturing of porcelain anterior teeth, I think this a problem of the proper arrangement and grinding of the teeth for correct balance. There is a possibility that the fracturing could occur in processing or de-flasking the case.

In partial cases as well as in complete dentures, where the patient has a strong bite, it may be advisable to use acrylic anterior teeth. The breakage of porcelain anterior teeth may also be due to the patient's bite and careless use and handling of the denture.

**Burning Sensation**

Q.—My problem concerns a woman patient, 30 years old, and in fair health. I replaced a full upper denture, and at the same time removed seven lower anterior teeth and replaced them with an immediate denture. The upper denture is comfortable. The lower denture has received a temporary reliner, and stays in place with adhesive powder. When the adhesive powder washes out, the denture becomes slightly loose, and the patient experiences a burning sensation in the area of the recent extractions. I can find no sore spots, and the denture is comfortable until it loosens.

Can you give me the reason for this burning sensation and looseness? The area is not yet ready for a permanent relining.—H.V.W., New Jersey

A.—Since there is no burning sensation when the denture is out of the mouth or when there is

*(Continued on page 49)*



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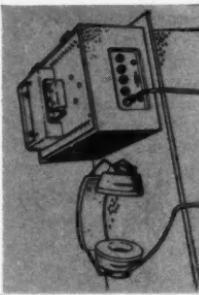
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sufficient adhesive powder between the lower denture and the edentulous ridge, I can only suspect three possible causes:

1. Friction on the highly vascular area of the ridge where the teeth were recently extracted when there is not sufficient adhesive powder to stabilize the lower denture on the solid portion of the edentulous ridge.

2. In many cases, the monomer of a temporary reliner does not completely polymerize, and irritating chemicals can conceivably aggravate a burning sensation more readily in a case in which the denture is loose than when it is tightly held on the ridge.

3. We cannot overlook the possibility of a slight allergic reaction where the monomer of a reliner has not been completely polymerized. Perhaps the presence of an adhesive powder may counteract this tendency.

If this were my patient, I would see to it that she has an ample supply of adhesive denture powder on hand, and, when the area of extraction is completely healed, I would construct a new lower denture.

#### Close Bite

Q.—I have three cases in which patients with anterior upper teeth to be replaced have such a close bite that the lower teeth actually make an indent in the lingual gingivae of the upper jaw. In one case I have been sandpapering the sharp thin edges of the lower teeth to keep them from irritating the gingivae on which they impinge.

For one patient I propose to add onlays. In another case where fi-

(Continued on page 50)

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nances are to be considered, I am at a loss as to how to replace the teeth. The posteriors are still in good condition; otherwise I would recommend removal of all the upper teeth and opening the bite. To tide this patient over temporarily I put in a small partial denture that she wears for esthetic reasons only. She has to remove this when she eats as the lower teeth hit the plate—there is no room even for a thin metal plate.

Please give me suggestions as to how I can best replace these missing teeth.

Will you also give me the meaning of the abbreviations used by hospital technicians in their reports as to the coagulation time of blood.—H.H.V., Ohio

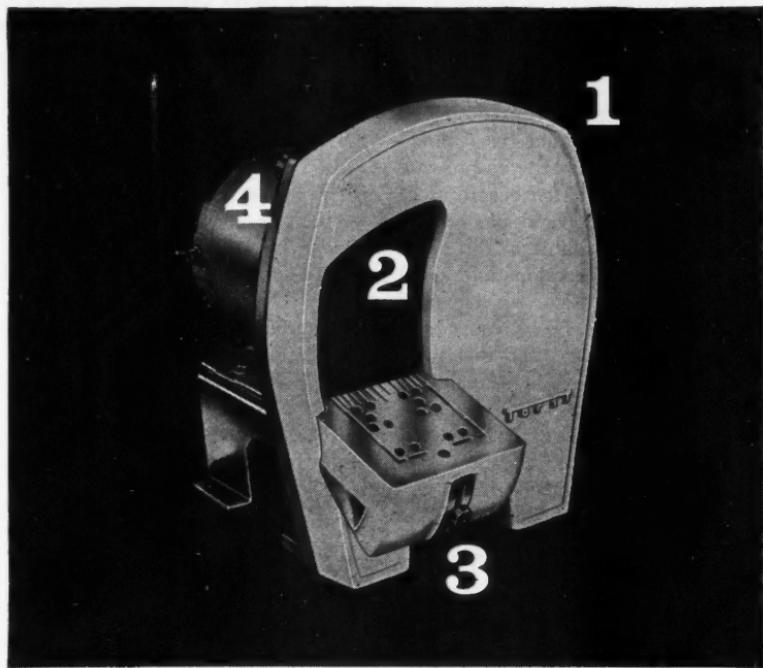
A.—Regarding your three cases, it is difficult to answer your questions without study models, x-rays, and the ages of these patients.

Apparently you are only considering using removable appliances. If the bite of your patient permits, you could construct a bite plane with acrylic teeth attached to the plane. In this way you could expect (and hope) that the posterior teeth would elongate and thereby open the bite. This is somewhat similar to the plan you intend using for the patient for whom you suggested the use of onlays.

The only other way to use a removable appliance is to make room by grinding the lower anterior teeth. Here again, the age of your patient must be considered.

Why not construct a fixed bridge? There should be plenty of room for this type of restoration, inasmuch as the bite is on

(Continued on page 52)



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the tissue surface. You do not say how many teeth are missing, but even if the loss is from cuspid to cuspid, you could use three-quarter crowns if the cuspids are long enough. If the cuspid teeth are short, you could use crowns with porcelain facings. You could also make a combination metal and acrylic bridge, which would look well. In this case, you should use full coverage for the abutment teeth.

Not knowing what your specific questions are regarding blood test reports, it is difficult to answer your questions without going into great detail. I will be happy to try and answer any specific questions you may have on

this subject in the future.

The routine blood count includes: (1) an enumeration of the total number of erythrocytes (RBC) and leukocytes (WBC) per cubic mm blood; (2) a differential leukocyte count; (3) a hemoglobin estimation (Hgb); and (4) an objective report of the stained blood smear.

Regarding normal ranges of coagulation time, they vary from 1 to 7 minutes in the capillary tube method. In the test tube method, normal coagulation time varies from 5 to 20 minutes.

#### **Adaptation to Dentures**

Q.—Do victims of cerebrovascular accidents, as a rule, adapt themselves

(Continued on page 54)

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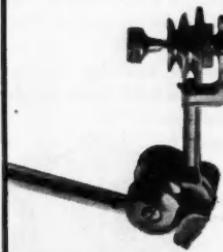
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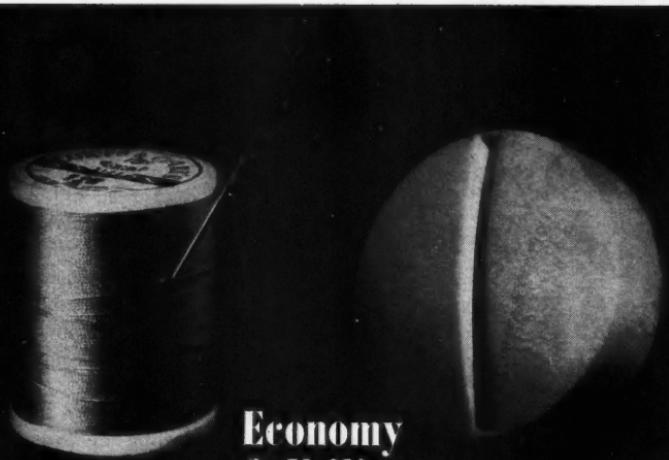
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**Supply:** Bottles of 100 and 500 capsules.

1. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A. 56:491, 1958.

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readily to dentures?

Is there any age limit for making dentures for patients, if they are in good health?—R.R., New York

A.—In my opinion, a person who has had a cerebrovascular accident would, in general, be a poor risk for constructing dentures. In a patient of this type, there is a possibility of involvement of the facial or trigeminal nerves, which can conceivably interfere with the establishment of good principles in the making of dentures.

In making an evaluation for or against constructing dentures, I believe that each CVA case should be evaluated on the following factors:

1. The general health of the patient and the degree of recovery from an attack.

2. The age of the patient. It is generally known that a younger person responds better to dentures, as a rule, than do older persons.

3. The need for dentures. Many older people have developed, over a period of time, the art of food intake with few or no teeth; others, however, have suffered greatly from the lack of a masticatory apparatus.

4. The existence of good ridges.

It would almost be impossible to construct dentures if the patient is unable to dislodge accumulated bits of food which collect in the cheeks of many post CVA patients.

Once there has been a CVA, the process of degeneration is progressive, and, consequently,

pressure zones and sore spots would develop more readily and be difficult to control.

If, when all things are considered, it is decided to make dentures for a CVA patient, it is well to explain to the patient that the restoration is a difficult one and may not be successful.

In reference to your second question, I do not believe that any arbitrary rule can be made as to the prognosis of dentures with respect to the age of the patient. Provided that there is no adverse history to contraindicate dentures, or no serious anatomic problem present, which might interfere in the normal process of constructing a denture, I believe that the following factors should be taken into account:

1. The real need for dentures. When a person has made a gradual transition from a normal masticatory apparatus to several remaining teeth, he has over many years made an adjustment to his problem of mastication and may suffer no harmful consequences. In some of these cases, denture wearers might develop a serious problem. If, on the other hand, they suffer from digestive disturbances, or are keenly aware of the lack of esthetics, then constructing a set of dentures will have great possibility of success.

2. It is well to appraise the temperament of the patient and his desire to cooperate and respond successfully to artificial teeth before attempting to make dentures.

(Continued on page 58)

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1. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A. 56:491, 1958

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## History of Dentistry

Q.—I should like to get some information on the history of dentistry for the purpose of writing a paper, to be given before a Rotary Club. I would appreciate it if you could give me this information.—P.R.S., Indiana

A.—The information that you are seeking can be obtained from the following reference: *AN INTRODUCTION TO THE HISTORY OF DENTISTRY*, by Bernhard Wolf Weinberger, DDS. This work is printed in two volumes and was published in 1948 by C. V. Mosby Company, St. Louis, Missouri.

## Questions That Dentists Ask Frequently

**A Practical Fluoridation Technique:** Recent studies of the topical application of stannous fluoride indicate that we now have a practical method of caries prevention.

C. W. Gish, D. L. Howell, and J. C. Muhler, made a study on the effect of four applications of a 2 per cent stannous fluoride solution to four applications of a 2 per cent sodium fluoride solution. The children tested ranged in age from 6 to 15 years. The group receiving sodium fluoride showed a 23.6 per cent reduction of caries, while the group receiving stannous fluoride showed an 83 per cent reduction in caries. Following this, Gish conducted another study comparing a single annual application of 8 per cent stannous fluoride solution to four applications of a 2 per cent sodium fluoride solution applied once every three years. At the end of the first year, the stannous fluoride was found to be 21 per cent

more effective than the sodium fluoride solution. By the second year, the stannous fluoride was 32 per cent more effective, and by the time the study was completed, the stannous fluoride was 35 per cent better.

In a study of adults, Muhler found that the application of a 10 per cent stannous fluoride solution was effective as a caries-inhibiting agent.

The single topical application of 8 per cent stannous fluoride has proved to be not only effective, but simpler and less time consuming for both dentists and patients.

The single application method is as follows:

1. Complete prophylaxis. Each tooth must be cleaned and polished, and sandpaper strips used on the interproximal surfaces.
2. Isolation by cotton rolls. A quadrant or a half of the mouth can be treated at a time. Cotton roll holders are used to keep the cotton rolls in place, for the teeth must be kept free from saliva. The isolated teeth are dried with compressed air and the stannous fluoride is applied to the clean, dried teeth with a cotton swab. The teeth should be kept moist by repeatedly wetting them with the solution. The same procedure is followed with the rest of the teeth.

3. The patient is dismissed and cautioned not to eat, drink, or rinse the mouth for at least thirty minutes.

The investigators recommended that the treatment be applied at least once a year. A child highly

*(Continued on page 60)*

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ORAL HYGIENE • JULY 1960 59

susceptible to caries can be given this treatment two or three times a year.

Since 8 per cent stannous fluoride is not stable chemically, it is necessary to make a fresh solution each time an application is made. This can best be done by having a pharmacist weigh 0.80 gm portions of solid stannous fluoride into Lilly Number 0 gelatin capsules. It is important to keep these capsules tightly sealed in a container. When a fresh solution of stannous fluoride is desired, the contents of one capsule are added to 10 ml of distilled water and shaken briefly. As soon as the contents have dissolved, the fluoride is applied immediately to the

teeth. This quantity is adequate to treat the entire mouth of one patient. Any remaining solution should be discarded.

Studies by John E. Chretzberg and Fred D. Lewis have concluded that the maximum benefit of fluoridation is obtained during the formative calcification periods of the teeth. The percentage of benefits at different ages is of some interest.

Six years of age, 85.1 per cent; 7 years, 68.2 per cent; 8 years, 40.5 per cent; 9 years, 39.8 per cent; 10 years, 32.6 per cent; 11 years, 35.3 per cent; 12 years, 27.4 per cent; 13 years, 4.1 per cent; 14 years, 8.5 per cent.

(Continued on page 62)

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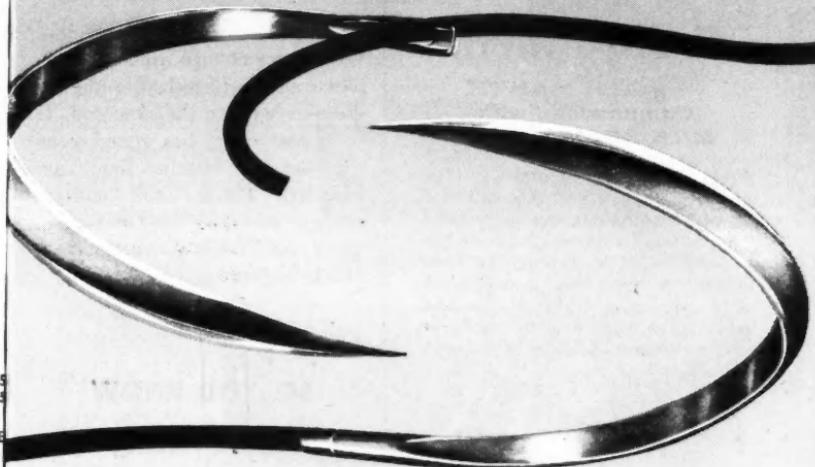
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## SO YOU KNOW SOMETHING ABOUT DENTISTRY!

### ANSWERS TO QUIZ 190

(See page 35 for questions)

1. (c). (Fraser, M. W.: Recovery of Broken Needles, Br. D. J. 105:80 August 5, 1958)
2. True (Hemmings, E. S. and others: Microbic Flora of the Dental Plaque, J. D. Res. 25:19 August 1946)
3. (a). (Crasilneck, H. B.: Use of Hypnosis in Management (Continued on page 64)

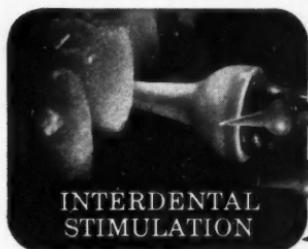
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This is a High Powered Evacuation system serving the entire office with the power unit remotely located, allowing complete freedom on floor and around dental unit in operatory; no noise, no offensive odors, no bottles to empty in sight of patient.

Each operatory is equipped with its own Suction Control and Hanging Switch Control... in keeping with modern trends in dentistry.

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**The W.V.B. Ames Co.** Fremont Ohio

of Patients with Burns, JAMA  
165:103 May 14, 1955)

4. No. (Dewel, B. F.: A Critical Analysis of Serial Extraction in Orthodontic Treatment, Amer. J. Orth. 45:427 June 1959)
5. (b). (Liddelow, K. P.: The Simple All-Acrylic Partial Denture, DENTAL DIGEST, 65: 306 July 1959)
6. A slightly elevated greyish white line which represents that area where the buccal mucosa approximates the buccal cusps of the teeth. (Millard, H. D.: Oral Diagnosis Procedure, J. Mich State D. A. 41:314 November 1959)
7. True. (Roth, Harry: Therapeutic Nutrition and Oral Pathology, Dental Radiography and Photography 32:42 Number 3, 1959)
8. For emergency use, be it drug reaction, coronary occlusion or simple syncope. (Costich, E. R.: New and Useful Drugs, JADA 58:266 May 1959)
9. (a). (Phillips, R. W.: Elastic Impression Materials, J. South. California D. A. 25:28 July 1957)
10. Yes. (Mosteller, J. H.: An Evaluation of Fine Cut Silver Alloys, Bull. Alabama D. A. 33:660 January 1949)



The Ritter AUDIAC . . . the unique development that is revolutionizing dental analgesia. AUDIAC combines music and a "masking" sound to block out awareness of pain. Patients are more relaxed, easier to work with . . . tension greatly reduced . . . with reduction of post-operative discomfort. They request AUDIAC on their next visits! Try it; see how AUDIAC enhances your practice.

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## Dentists in the NEWS

### Saves Child

An 18-month-old girl is alive today because her parents obtained the last room available in a Lexington, Kentucky, motel, and because Doctor Harry Tully of Louisville, happened to be stopping at the same place. The child swallowed her tongue shortly after her parents, on the way to a Florida vacation, checked into the motel. When the child choked and turned blue, the parents placed a frantic call for help to the motel manager. The motel manager called Doctor Tully, who was able to pull her tongue forward. Then he gave the child artificial respiration, and in about 30 seconds she resumed breathing. After she received a few whiffs of oxygen from the police emergency apparatus, her normal color returned and she started to cry. The parents were so upset over the incident they canceled their vacation and returned home.—*Louisville (Kentucky) Courier-Journal*.

### President, Chamber of Commerce

Doctor John F. Killilea has been elected president of the Malden Chamber of Commerce. This is the first time in the nearly 40-year history of the Chamber that a professional man instead of a businessman was elected president.—*Boston (Massachusetts) Herald*.

### Leads Elks Study Group

A Chicago and Evanston, Illinois, dentist for nearly 33 years, Doctor Frederick D. Moore, heads the Ne-

gro Elks adult education program designed to help Negroes keep step with social and political developments of the community. Doctor Moore joined the Elks in 1922, and has served as supervisor of education for the northern district of Illinois. In 1957 he became a special assistant to the grand commissioner of education. Doctor Moore reports that since the Elks started their national education program in 1925, they have given more than \$250,000 in scholarships.—*Chicago (Illinois) Tribune*.

### Wins Conservation Award

Doctor B. K. Jones of Cambridge, Ohio, who planted 15,000 trees on his 640-acre Guernsey County farm, has been named one of four 1960 merit award winners by the Ohio Conservation Congress.—*Wilmington (Ohio) News Journal*.

### Dentist-Optometrist

At the age of 92, Doctor Henry Mansfield of Jonesport, Maine, still practices two professions—dentistry and optometry. Recently he fitted a 93-year-old woman with glasses. If the glasses last as long as her dentures, she will live to an unprecedented age. The woman still uses a set of dentures Doctor Mansfield made for her 67 years ago.—*Des Moines (Iowa) Tribune*.

### Insurance and Bank Director

Doctor Claude A. Adams, who has practiced dentistry in Durham, North Carolina, since 1920, is director of *(Continued on page 68)*



*Beautifully*  
**TEXTURED...**

**NATURE'S  
Closest Rival**

*in Color  
in Texture  
Simulation  
in Fiber  
Dispersion*

**VERNONITE  
Chromavein  
fibered  
denture  
material**

The achievement of excellent esthetics in the finished denture is gratifying to the dentist and earns the appreciation and confidence of the patient.

In denture base material, not only the right color but also the proper texture is an important factor in producing natural appearance. Texture can be described as those elements incorporated into the material which help it "look alive". Vernonite Chromavein is a blend of polymer and co-polymers of 100% acrylic resins, made for denture use only. Powder particle sizes are carefully selected to simulate tissue cellular structure. Then fibers compatible with acrylic resin, of the correct color, size and length, in the exact amount for proper dispersion, are added. The result—beautiful texture.

Vernonite Chromavein is strong, dimensionally stable, and so naturally beautiful that patients can't help admiring their dentures.

Just specify Vernonite Chromavein—it's beautifully textured.

**V**

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## GOOD NEWS

FOR DOCTORS  
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PRACTICE

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INTRODUCTORY  
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The decisions you make now in organizing your office procedures will have an effect on your practice for years to come. Only the best is good enough for a professional career — and the DAILY LOG financial record system is the key to successful practice management.

Colwell's Introductory Offer provides you with a definite program of money-saving values, service and information on the complete line of Colwell Practice Management Aids, Office Record Supplies and Professional Stationery. By taking advantage of this special offer, substantial savings can be made in organizing the entire business side of your practice on a sound, efficient basis.

## MAIL COUPON TODAY

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Please send me the Daily Log Introductory Offer Information Kit for dentists just starting in practice.

Dr. \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_

the Home Security Life Insurance Company. He is also a director of the Durham Bank and Trust Company. —*Durham (North Carolina) Sun*.

### Women Dentists Happy In Career

The only three Miami women dentists wonder why more women do not become dentists. They are: Doctors Ellen Crockett, Frances Glenn, and Celia Mangels. If deterrents exist, these three women feel they may be time and money.

Married to a dentist, Doctor Ellen Crockett practices in their home. "I feel I am fortunate to be able to combine marriage and children with what I want to do most for a career," she said. Doctor Frances Glenn believes that "women are more psychologically in tune with children than men. The field of children's dentistry is a natural for them." Doctor Celia Mangels said, "I can't remember the time I didn't want to be a dentist. In this career I feel it's better to be single. I rarely get home before 7:30 or 8 o'clock; therefore, I would find marriage difficult." —*Miami (Florida) News*.

### Speed Skating Champion

Doctor Mario Trafeli, of Farmington, Michigan, recently came out of a 4-year retirement from competitive ice skating to capture the men's B title at the State indoor championships at Lansing. During his competitive skating career Doctor Trafeli has won all the local titles, as well as many sectional and national crowns. His greatest thrill was taking the North American outdoor championship in 1947 at the age of 18 to become the youngest skater ever to win a national title in senior men's competition. —*Farmington (Michigan) Enterprise*.

### Creates "Cogwheel" Sculpture

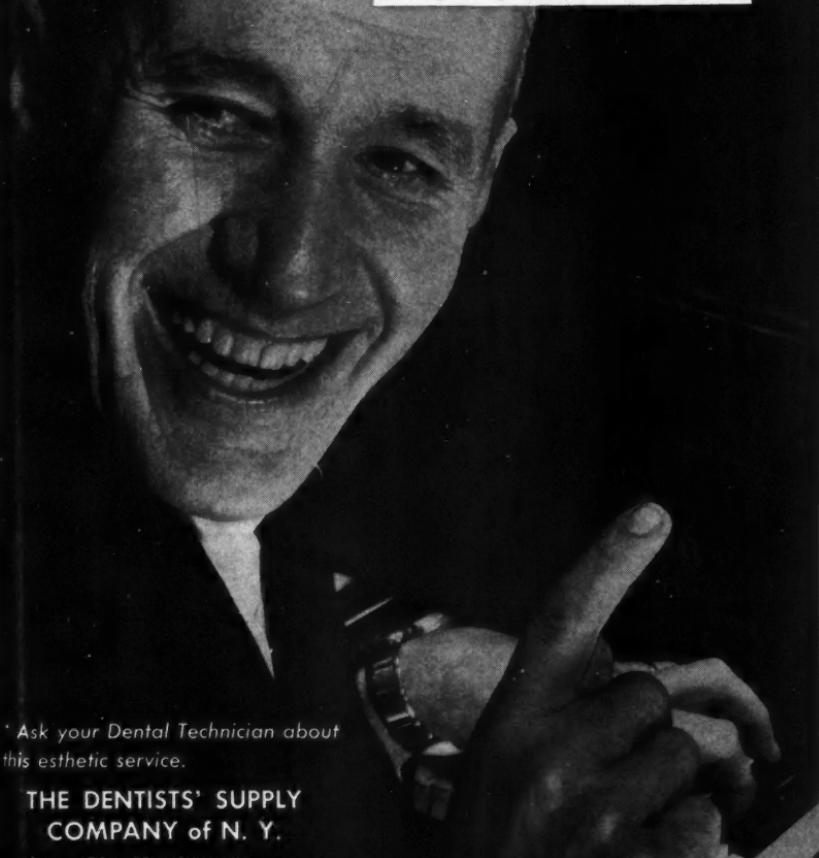
After having dabbled in the arts for years, 72-year-old Doctor Bernard H. Cooper, of Sherman Oaks, (Continued on page 70)

# a four-harmonies denture...\*

Dentists everywhere are "harmonizing"—they're harmonizing tooth form, size, color and arrangement to provide their patients with naturally beautiful Trubyte Bioform Esthetic Dentures, like the one illustrated here. All together now . . . one, two, three, four . . . harmonies!

Essential to finest esthetic results . . .

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BIOFORM • TEETH



Ask your Dental Technician about  
this esthetic service.

THE DENTISTS' SUPPLY  
COMPANY of N. Y.

WOOD DENTAL LABORATORY

California, recently turned his talents to development of a whole new art form. He calls it cogwheel sculpture.

First you amass all the cogs, gears, aluminum castings, castoff door knobs, and whatever you can find. Then you ask yourself what they look like. For instance, a discarded andiron looked like a dancer standing with legs apart to Doctor Cooper. He fitted the "dancer" with a fluted metal lampshade and a doorknob for a head. Results—a Siamese ballerina!

Doctor Cooper has won 41 awards, and his works have been displayed in museums throughout the country. He has lectured before art groups, and is recognized as a leading exponent of his new art form.—*Los Angeles (California) Examiner.*

Awards for items submitted for

this month's **DENTISTS IN THE NEWS** have been sent to:

S. J. Hletko, DDS, 5053 South Damen Avenue, Chicago, Illinois

Phil Ackerman, 1507 West Broadway, Louisville, Kentucky

Alberta M. Rutledge, 52 Cameron Avenue, Somerville 44, Massachusetts

Mrs. Mildred Cook, RFD No. 1, Osborn Road, Wilmington, Ohio

R. B. Moore, DDS, Box 355, Allerton, Iowa

Kenneth C. Hogan, 718 Eighth Street, Durham, North Carolina

Mrs. Patricia Reeb, 25 SE 11th Street, Fort Lauderdale, Florida

Mrs. Ruth Bussell, 33640 Lynchcroft, Farmington, Michigan

Mrs. A. Sanderson, 15012 Culley Street, Victorville, California

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**the S-C "BIKINI"**

STEEL GRIT STRIPS WITH A BARE MID-RIFFI!

**SPECIAL OFFER \$1.30 doz.**

"Bare mid-riff" design makes it easy to insert these strips between teeth. Then just pull and abrasion starts. We can't send you a bathing beauty but we can make a pretty attractive get-acquainted offer: a dozen "Bikini" Steel Grit Strips for only \$1.30.

Mail your order direct to us before offer expires on September 15th, 1960.



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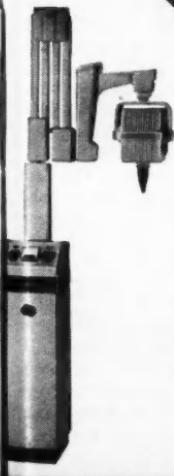
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There've been some *changes* made in dental radiography! If your x-ray unit is more than 10 years old, consider these G-E advances you are now missing:

*Electro-stabilized controls* for "set and shoot" operation — no test exposure needed! Performance stabilized regardless of technic range or power-line fluctuations. *Full 90-kvp radiography* for sharp, long-scale contrast. Extended fractional-second range *electronic timing* with uniform density changes per step. *Filtering out* of useless "soft" radiation.

See your dealer now. Or write X-Ray Dept., General Electric Co., Milwaukee 1, Wisconsin, for Pub. KK-73.

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**VIVADENT CORP.**  
30 Pine Street, Woburn, Mass.



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## DEAR ORAL HYGIENE

### Repossess Dentures?

Your editorial **TAX BITE ON TEETH** in the March issue of **ORAL HYGIENE** interests me. If a sales tax on dentures is permitted, will the dentist be able to recover the dentures if the patient does not pay for them? At present I believe the law is that any such appliance is a part of the patient and cannot be taken away even if not fully paid for.—J. W. RASER, DDS, 48th and A Street, Lincoln 8, Nebraska.

### Disagrees With Physician's Wife

I am writing this letter in regard to your article **THE GOOD FORTUNE OF THE DENTIST** by Mrs. Cynthia Pader.

I have never written a rebuttal to an article pertaining to dentistry which I disagreed with. However, this topic and the approach to it by the writer, regardless of how complimentary it may be, is completely out in left field, and certainly should have been edited or rejected for publication by any dental journal.

Point by point:

1. Oral examination and diagnosis should never be considered a routine procedure. Please take into consideration the complexities of correct oral rehabilitation procedures, and all the ramifications involved in attaining an optimum condition for good dental health. Observe the incidence of oral cancer, and precancerous lesions, which first exhibit their signs in the oral cavity. Stop and think of the prospective mother in whom the normal becomes abnormal, when she comes into the dental office and exhibits the rare but sometimes conclusive symptoms of Von Recklinghausen Syndrome. Also, observe the patient discovered with Paget's disease by oral roentgenology. We could go on and on with these problems of diagnosis. However, I believe you get the gist of this. Diagnosis of the oral cavity a routine matter? Never! If a

(Continued on page 73)

practitioner of dentistry so regards it, he had better stop short and examine himself.

2. In regard to cures: No so-called cure can be considered a cure when it is applied as a temporary measure. Rather, it is a holding or postponing measure until the inevitable day when a positive approach to the problem, whether dental or medical, must be resolved.

3. Business management: I remember my first day in private practice. What was a fair fee to charge the patient for services rendered? How should I set up my recall system? How should I pacify ethically, a disgruntled patient from another dental office? This is one area which the members of the dental profession almost universally agree was completely ignored during their education. This part of the dentist's training comes from the hard experience garnered during the time he is trying to establish himself in private practice.

4. Confidence of patient in the professional man: I think this needs little, if any, comment. Certainly no lay person will seek the services of any professional man, regardless of the profession involved, if there is lack of confidence.

5. Dentistry as a less demanding type of profession than medicine: Please! Let us not delude ourselves. Agreed, there are many dental offices which do not function after 5 o'clock. There are also many medical offices which do not function after 5 o'clock. There are many dentists in rural, and large metropolitan areas, who, night after night, return to the office after hours to see patients who are in discomfort, call at the homes of bed-ridden patients in an endeavor to give relief from pain, and respond to hospital calls pertaining to accident and resultant fracture of the facial structures.

My personal beliefs are that we members of the healing profession, be it medicine or dentistry, assume the conditions of inconvenience of after-office hour problems, the complexities, problems, and often heart-break of successfully establishing ourselves in our chosen profession. These are some of the responsibilities we mentally agree to assume when we seek access to our professions. If we are not willing to assume these oftentimes discouraging situations: then we are not worthy of, and perhaps do not belong in, our professions.—W. W. VOGAN, DDS, 226A Royal Palm Way, Palm Beach, Florida.

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TEETHING PAINS



## LAFFODONTIA

Alimony: A system by which two people make a mistake and one continues to pay for it.



"I thought you were going to your lodge meeting?"

"It was postponed. The wife of the Grand Exalted Invincible Supreme Potentate wouldn't let him out to-night."



The haughty senior girl sniffed disdainfully as the freshman cut in. "And just why did you have to cut in when I was dancing?" she inquired nastily.

The freshman hung his head with shame: "I'm sorry, Ma'am," he said, "but I'm working my way through college and your partner was waving a five-dollar bill at me."



Then there was the Indian that beat his squaw in the wigwam. Her suffering was intense.



"May I kiss you?" the student asked his date.

"Ye gods," answered the sweet young thing, "another amateur!"



Sign beside a street excavation in a Texas town: "When you gotta grow, you gotta grow!"



"Lady, you got two very beautiful legs."

"How would you know?"  
"I counted 'em."

Then there was the janitor who worked in the girls' dorm and was entrusted with a pass-key to every room in the building.

The following week the Dean ran across him and asked, "Why didn't you come around Friday for your pay, John?"

"What! Do I get wages too?"



She: "Do you know what they're saying about me?"

He: "Yeah, that's why I came over."



Patient: "How can I ever repay the doctor for his great kindness to me?"

Doctor's Secretary: "By check, money order or cash."



If your wife wants to learn to drive —don't stand in her way.



"My whole trouble," the juvenile patient told his psychiatrist, "is that my brother is an only child."



"Pardon me for walking on your feet."

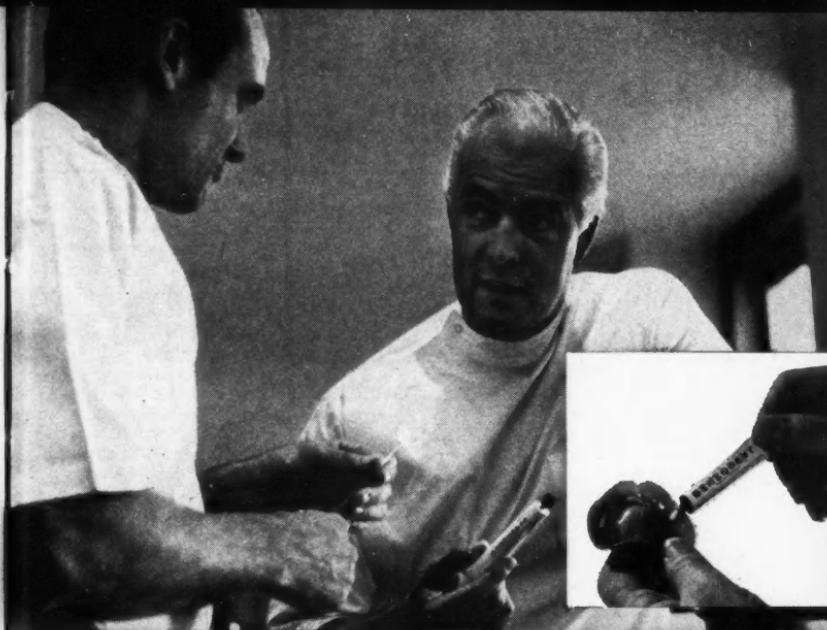
"Oh, that's all right. I often walk on them myself."



Patient: "I've been trying to see you all week. When may I have an appointment?"

Dentist: "Make a date with my secretary!"

Patient: "I did and we had a swell time. But I still want to see you."



## **"...and BENZODENT helps the patient help you"**

**The Benzodent Treatment completes the cycle of effective patient control—with comfort leading to confidence—confidence contributing to cooperation—and cooperation creating control.**

Clinically proved Benzodent speeds denture mastery—reduces discomfort during the critical "break in" period—promotes healing and provides long-lasting denture stabilization with its combined analgesic, anti-septic, and adhesive action—induces more consistent wear of the denture.

Benzodent helps the patient quickly regain normal dental appearance and

function—increases appreciation of fine prosthetic skills—curbs demands for emergency attention and needless trimming—leads to better control of return-visit schedules and chair-time savings for the dentist.



**Peter, Strong "plus value" products for happier patients and a healthier practice:** a line including **BENZODENT**, the original multi-purpose denture adjustment aid . . . **PROFIE BRAND** materials for modern prophylaxis . . . **TOPI-FLUOR** cream formula for topical sodium fluoride caries control . . . **LACLEDE PROFESSIONAL DEODORANTS** for odor control therapy . . . all promptly available from your dental dealer now.



# WHAT'S NEW

IN PRODUCT DESIGN—  
FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

**Fiberin**—glass fiber-reinforced enamel now available in 4-Star Get-Acquainted Kit, containing two bottles of powder, a bottle of liquid and the Fiberin Sure-Match Shade Guide. Teeth on shade guide are sterilizable. William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

**Multi-Vest Team**—include: Multi-Vest water-mix investment for casting chrome, platinum, gold-palladium or other high-fusing alloys; Multi-Gel duplicating material for producing extra hard smooth models; and Regalloy, a quality dental chrome alloy. The Ransom & Randolph Co., Toledo 1, Ohio.

**Bikini Strips**—an easy starting steel-grit strip with no grit in center. Are single-sided and made in coarse grit only, but narrow, medium and wide widths. Stratford-Cookson Co., 500 Commerce Drive, Yeadon, Pa.

**Nite Guard**—a periodontal splint that provides complete occlusal coverage. Crystal clear and free from warpage. Eliminates problem of long and costly chair-time. Dent-Spec Laboratories, Inc., 131½ Mount Auburn St., Cambridge 38, Mass.

**Dental Emergency Kit**—first aid for temporary relief of toothaches, minor mouth irritations, tooth fractures, etc. Complete instructions on back of kit for laymen reference. Doctor James Industries, Inc., Camp Hill, Pa.

**P.P.P.**—professional prophylaxis preparation. No pumice, no acid,

pleasant tasting. Mix with water or any antiseptic to desired consistency. The Motloid Co., Inc., 325 W. Huron, Chicago 10, Ill.

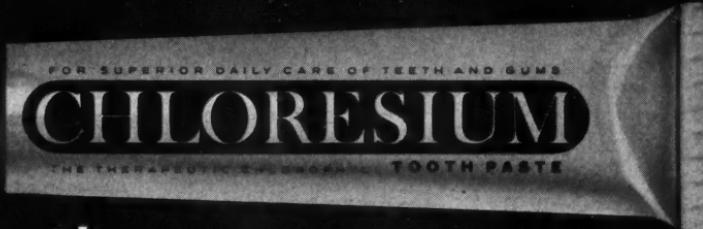
**Ultrasonic Cleaner**—for cleaning, degreasing and demulsifying instruments, castings, models, etc. Equipped with one-half gallon cleaning tank and features a 15-minute built-in time switch. Latter can be set for continuous operation. Dri-Clave Co., 301 Franklin Ave., Franklin Square, N.Y.

**Steam Generator**—produces hot water, steam or a combination of both. Compact and simple to operate. Is fully automatic and comes with special hoses, gun and nozzle. Ticonium, 413 N. Pearl St., Albany 1, N.Y.

**Ped-O-Flo**—an all-plastic foot operated surgical soap dispenser. Has unbreakable one-quart polyethylene soap container with a large top opening enabling easy refilling. Dispenser wall housing is made of white phenolic plastic with rounded surfaces for easy and thorough cleaning. Peck's Products Co., 610 E. Clarence St., St. Louis 15, Mo.

**Cutwell Carbide Burs**—one design is for conventional speeds (these burs have right angle and hand-piece mandrels); a second group is for ultra high speeds, latter introduces refinements in design to more closely realize the potentials of reduced operating time and greater patient comfort. The Ransom & Randolph Co., Toledo 1, Ohio.

**Lokon Retention Beads**—simplifies and improves veneer and bridge-



# the dentifrice that speeds reduction of gingivitis

CHLORESIUM® Tooth Paste is a useful adjunct to your treatment of gingivitis. For years, dentists have instructed patients with tender, bleeding gums to use the dentifrice that contains healing, water-soluble chlorophyll derivatives. In a controlled study of 589 patients,\* it was reported that CHLORESIUM Tooth Paste significantly accelerated the reduction of gingivitis—a property which is confirmed in daily practice. Between office treatments, proper toothbrushing technique with CHLORESIUM Tooth Paste is an ideal regimen for restoring and maintaining firm, healthy gums. CHLORESIUM Tooth Paste is also an effective cleansing and deodorizing agent. Available in 3 1/4-ounce tubes in drugstores everywhere.

\*McDonnell, C. H., and Domalakes, E. F.: J. Periodont. 23:219, 1952.

Rystan

**RYSTAN COMPANY, Mount Vernon, New York, Dept. OM**  
Please send me professional samples of CHLORESIUM Tooth Paste.

Dr. \_\_\_\_\_  
\_\_\_\_\_

work. Consists of tint acrylic beads which are simply dusted on facing areas of veneer crowns and bridges and kept in place by a thin film of adhesive. Gives maximum retention with minimum bulk. William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

**Densco Stereogesic**—a stereophonic analgesic music unit. Portable tape playback machine is small and compact, making it easy to transport about office. Unit can be located on cabinet shelf, mobile table or any remote spot such as in the laboratory. Features a unique endless-loop, continuous-playing tape cartridge which can be inserted or removed instantly. Densco, Inc., 200 Sante Fe Drive, Denver 1, Colo.

**Tumblemat**—a professional exercise mat designed for home use. Thick, regular gym construction, standard duck covering, heavily tufted, bound seams. Can be hung or rolled for storage. The Country Shop, Box 265, Little Rock, Ark.

**Magnetic Soap and Hanger**—convenient hanger magnetically holds soap. Ends messy soap trays. Soap contains 2% TCC and is highly effective against skin bacteria and staphylococci. Hek Mfg. Co., 25 Dorman Ave., San Francisco 24, Calif.

**Magnets for Articulators**—powerful magnets hold models firmly in plaster or stone mounts of any articulator. Ideal for denture techniques, crown and bridgework, partials, etc. Hek Mfg. Co., 25 Dorman Ave., San Francisco 24, Calif.

**Repelling Magnets for Dentures**—keep lower denture from floating. Never rust or corrode. Opposite poles plainly marked in color. Hek Mfg. Co., 25 Dorman Ave., San Francisco 24, Calif.

**Metal Bite Plates and Form Wax**—plates provide a firm foundation-

piece to support the wax and enable patient to bite more normally. Bite is taken simultaneously with impression. Available in sets of 4. Form Wax is especially made for procuring better wax bites. Harcast Co., 620 E. Glenolden Ave., Glenolden, Pa.

**Venti-Breather**—permits mouth-to-mouth breathing without personal contact. One-way valve directs victim's breath to atmosphere. Simple, safe, sanitary, effective. Venti-Breather Products, Inc., 4380 MacArthur Blvd., N.W., Washington 7, D.C.

**Mouth Protector**—for contact sports. Kit consists of two pliable plastic, universally-fitting protector forms, and powder and liquid for making individual protectors. Mix is poured into form and impression is taken. Time required for individual protector, ten minutes. Reliance Mfg. Co., 10316 South Throop St., Chicago 43, Ill.

**Wilton Audio Analgesic**—specially prepared music and sound puts patient at ease, reduces apprehension. Always ready for immediate use. Requires no set-up time, uses LP continuous play tape cartridges. Wilton-Greene Corp., Ridgefield, Conn.

**Pel-Vac Zephyr**—a new evacuator. Neater, more compact appearance. Greater pick-up power, drawing 50% more air. Corrosion-resistant lower canister plastic-lined for complete protection. Reduces office noise. The Pelton & Crane Co., Charlotte 3, N.C.

**Carpu-Therm**—an anesthetic capsule warmer. Maintains temperature range of 98° to 110° F. by controlled conduction. Reduces patient "sting." Dental Appliance Co., Box 256, Canton 2, Ohio.

**No-Hem Wedges**—for tissue compression and impression taking.



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Smart dentists and laboratory men continue to ship their bridges, inlays, old gold crowns, partials, etc., to Goldsmith Bros.

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Assures gingival margin adaptation, elimination of overhangs, no slippage. Alpha Products, Box 3054, Berkeley, Calif.

*Vivodent Porcelain Teeth*—made by new process known as Silicone Inclusion. Five separate layers of non-porous porcelain, each of a different shade, are baked one upon the other. A separate porcelain layer is used to simulate the darker neck shade. To enhance natural look, there are subtle markings representing the common variations seen in human teeth. H. D. Justi & Son, Inc., Philadelphia 4, Pa.

*Oralix Super 50 X-Ray Unit*—features increased radiation safety for patient and dentist. Its small size has a reassuring effect on patient. Equipped with short and long cones which are readily interchangeable. North American Philips Co., Inc., 525 West 52nd St., New York 19, N.Y.

*Pro-Forms*—now equipped with NCR paper; no carbons required. The colorless chemical coating on paper makes a smudge-and-smear-resistant clean blue copy. Pro-Forms, Inc., Jenkintown, Pa.

*Articodent*—new, extra-thin supersensitive blue marking articulating paper. Tissue-thin thickness. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.

*4 in 1 Stripodent Dispenser*—abrasive polishing strips. Grit: extra fine, medium and coarse. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.

*4 in 1 Matricodent Dispenser*—extra-thin stainless matrix metal. 10 ft. to roll. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.

*Speedy*—synthetic resin separating discs and cut-off wheels. Last longer, will not clog. Cut fast, no smell, less breakage. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.

*Densco Adapter*—makes it possible to use either a standard or miniature Aero-Turbex handpiece on the Borden Airotor. Hose adapter simply serves as a connecting link. Enables operator to use high speed original handpiece and an Aero-Turbex interchangeably by just connecting hose. Densco, Inc., 200 Santa Fe Drive, Denver 1, Colo.

*Densco Bearing Replacement Kit*—for Borden air turbine handpieces. Allows operator to make 2 complete bearing replacements. Convenient all-in-1 tool offers faster, cleaner replacements with perfect bearing alignment. Densco, Inc., 200 Santa Fe Drive, Denver 1, Colo.

*Cascade Dental Chairs*—smooth, noiseless operation with air pressure. Tilts to horizontal position with effortless ease. Head-rest and back-rest adjust readily to seat child or adult. Simple to install. Cascade Dental Mfg. Co., 175 Park Ave., Lebanon, Ore.

*Fedapor*—porcelain-baked-to-gold restorations. A new and improved high-fusing porcelain that is baked to a special type of casting gold with a bond so strong and tenacious that loops, undercuts and other mechanical retention are no longer necessary. Federal Prosthetics, Inc., 15 Parkville Ave., Brooklyn 30, N.Y.

*Flexiplast*—an all-plastic partial without clasps. A special flexible thermoplastic, superpolyamide material that looks like natural gums, is extremely lightweight, and unbreakable under normal mouth stresses. Provides a cushioned effect in the mouth. Federal Prosthetics, Inc., 15 Parkville Ave., Brooklyn 30, N.Y.

*E-Z X-Ray Marker*—a new film marking method producing a permanent x-ray identification. No mixups, each x-ray shows name of patient. Union Broach Co., Inc., 80-02 51st Ave., Elmhurst 73, N.Y.